U.S. DEPARTMENT OF HOMELAND SECURITY

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expires February 28. 2009

Federal Emergency Management Agency National Flood Insurance Program

Important: Read the instructions on pages 1-8.

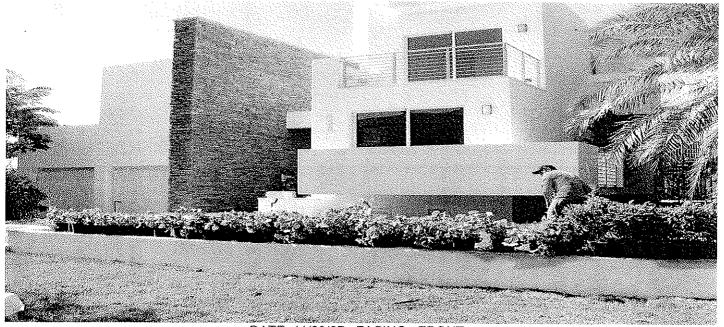
	For Insurance Company Use:					
A1. Building Owner's Nam	est Lane LLC.			Policy Number		
A2Building Street Addres 432 Warren Lane	s (including Apt.	, Unit, Suite, and/or B	. Route and Box No).	Company NAIC Number	
City Key Biscayne	State FI ZIF	Code 33149				
A3. Property Description (Lot 21, Block 3, First Additi					đe County, Fl.	
 A4. Building Use (e.g., Reads). A5. Latitude/Longitude: La A6. Attach at least 2 photon A7. Building Diagram Num A8. For a building with a ca a) Square footage of b) No. of permanent fenciosure(s) walls c) Total net area of for 	ched garage, provide: sched garage 484 sq ft d openings in the attached garage over adjacent grade 2 openings in A9.b 500 sq in					
B1. NFIP Community Name		TION B - FLOOD	B2. County Nam		1	B3. State
key Biscayne,Village of & 1			Miami-Dade			FI.
B4. Map/Panel Number 12025C & 0281	B5. Suffix	B6. FIRM Index Date 07/17/95	Effective/	IRM Panel (Revised Date 5/02/94	B8. Flood Zone(s) AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
FIS Profile B11. Indicate elevation datu B12. Is the building located in Designation Date	m used for BFE i in a Coastal Barr	_	GVD 1929 🗀		——— ☐ Other (Describe ted Area (OPA)?	e) □Yes ⊠No
	SECTIO	N C - BUILDING E	LEVATION IN	FORMATION (SI	JRVEY REQUIR	RED)
C1. Building elevations are based of the second of the sec	ate will be requir 330, AE, AH, A (vuilding diagram s 0KB Vertical Da	with BFE), VE, V1-V3 specified in Item A7.	of the building	AR, AR/A, AR/AE,	AR/A1-A30, AR/AI	☑ Finished Construction H, AR/AO. Complete Items C2.a-g
					heck the measurer	
d) Attached garage (to e) Lowest elevation of	er floor t horizontal struc p of slab) machinery or eq	ctural member (V Zon	es only)	<u>21.33</u> ⊠ feet <u>N.A</u> ⊠ feet <u>5.35</u> ⊠ feet	meters (Puer meters (Puer	to Rico only) to Rico only) to Rico only)
(Describe type of ec f) Lowest adjacent (fir g) Highest adjacent (fir	AG)			meters (Puer		
,		N D - SURVEYOR				
This certification is to be signiformation. I certify that the I understand that any false s Check here if comments	information on t tatement may be	his Certificate represe punishable by fine o	ents my best effo	orts to interpret the	data available.	ion S
Certifier's Name MANUEL F		L	icense Number 414	46	A WANT	
Title PROFESIONAL LAND			e MANUEL FE			
Address 8500 SW 8 TH STRE	.s.e	City MIAMI			de 33144	
Signature	v	Date 11/09/07	Telephone	(305) 265-8308		1 (1109107000)

 Building Street Address (includit 	ng Apt., Unit, Suite, and/or Bldg.	ng information from Section	Α.	For Insurance Company Use:
432 Warren Lane		NO. J OF F.O. NOUGE and BOX NO.		Policy Number
City Key Biscayne State FI ZI	P Code 33149			Company NAIC Number
, . SEC	CTION D - SURVEYOR, ENG	INEER, OR ARCHITECT CER	TIFICATION (CON	TINHED)
		ficial, (2) insurance agent/company		
Comments C.O.R. El. 4.26		, and the state of a gent oot span	, and (5) building Own	31.
C2 ae: Air condition unit				
Liv				
Simature				
Signature /		Date 11/09/07		
SECTION E - BUILDING	ELEVATION INFORMATION	N (SURVEY NOT REQUIRED)	FOR ZONE AO AN	D ZONE A (WITHOUT REE)
and of the items of the	tural grade, il avallable. Check (e Certificate is intended to support he measurement used. In Puerto	Kico only, enter meters	:
E1. Provide elevation information	on for the following and check the	e appropriate boxes to show wheth	er the elevation is abo	·· ve or below the highest adiacen
a) Top of bottom floor (inclu	Iding basement, crawl space, or	enclosure) is T	oot [] motom [] -6	
e) top of bottom most (more	ding basement, clawi space, ui	CICOSUE IS I I	eet ilmetere illah	OVO OF ADDOLLATED A
E2. PVI DUNUNIU DIAGIAILIS 0-0 1	wiiii beliiianeni ilood onenings o	rovided in Section A Items 8 and/o	(O lana mana O -41-14	
E3. Attached garage (top of sla	b) is lfeet	meters above or below	the HAG	
E4. Top of platform of machiner	ry and/or equipment servicing the	building is feet	☐ meters ☐ above	or 🗌 below the HAG.
ordinance? Yes	No Unknown. The local off	op of the bottom floor elevated in a ficial must certify this information in	ccordance with the co	mmunity's floodplain manageme
			Section G.	
SECT	ION F - PROPERTY OWNE	R (OR OWNER'S REPRESEN	TATIVE) CERTIFIC	ATION
The property owner or owner's aut	thorized representative who com	pletes Sections A, B, and E for Zo	ne A (without a FEMA-	issued or community-issued BFF
or Zone AO must sign here. The s Property Owner's or Owner's Auth	orized Representative's Name	E are correct to the best of my kno	owledge.	
Address		0"		
		City	State	ZIP Code
		City . Date	State Telephone	ZIP Code
Signature		· · · · · · · · · · · · · · · · · · ·		ZIP Code
Signature		· · · · · · · · · · · · · · · · · · ·		ZIP Code
Signature	SECTION COOL	Date	Telephone	
Signature Comments e local official who is authorized by	v law or ordinance to administer	Date MMUNITY INFORMATION (OF	Telephone TIONAL)	☐ Check here if attachm
Signature Comments e local official who is authorized by d G of this Elevation Certificate.	y law or ordinance to administer complete the applicable item(s) a	Date MMUNITY INFORMATION (OF the community's floodplain manage and sign below. Check the measure	Telephone TIONAL) Ement ordinance can dement used in Items G	Check here if attachm Complete Sections A, B, C (or E) 8. and G9.
Signature Comments e local official who is authorized by d G of this Elevation Certificate. C	y law or ordinance to administer complete the applicable item(s) a C was taken from other docume	Date MMUNITY INFORMATION (OF the community's floodplain manage and sign below. Check the measure station that has been signed and s	Tional) ement ordinance can dement used in Items G	Check here if attachmore complete Sections A, B, C (or E), 8. and G9.
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Eignature Comments e local official who is authorized by d G of this Elevation Certificate. Complete is authorized by law to certical complete is a complete in the complete is authorized by law to certical complete is a complete in the complete	y law or ordinance to administer complete the applicable item(s) a C was taken from other docume tify elevation information. (Indicaleted Section E for a building localeted E for a building l	Date AMUNITY INFORMATION (OF the community's floodplain manage and sign below. Check the measurentation that has been signed and sate the source and date of the elevated in Zone A (without a FEMA-is:	Tional) Tional Tiona	Check here if attachmonomplete Sections A, B, C (or E). 8. and G9. 8. architect when the same a below is a real below.
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A community official complete. The following information (Inc.) A. Permit Number This permit has been issued for: Elevation of as-built lowest floor (Inc.) BFE or (In Zone AO) depth of floor cocal Official's Name Community Name Community Name	y law or ordinance to administer Complete the applicable item(s) a C was taken from other docume tify elevation information. (Indicaleted Section E for a building local Items G4G9.) is provided for co G5. Date Permit Issued New Construction including basement) of the building	Date MMUNITY INFORMATION (OP the community's floodplain manag and sign below. Check the measure entation that has been signed and se ate the source and date of the elever ated in Zone A (without a FEMA-isse) mmunity floodplain management p G6. Date C Substantial Improvement ing: feet me Title	Telephone TIONAL) TIONAL) THE MET TIONAL TELEPHONE CAN	Check here if attachmes complete Sections A, B, C (or E), 8. and G9. conveyor, engineer, or architect whents area below.) used BFE) or Zone AO. ce/Occupancy Issued
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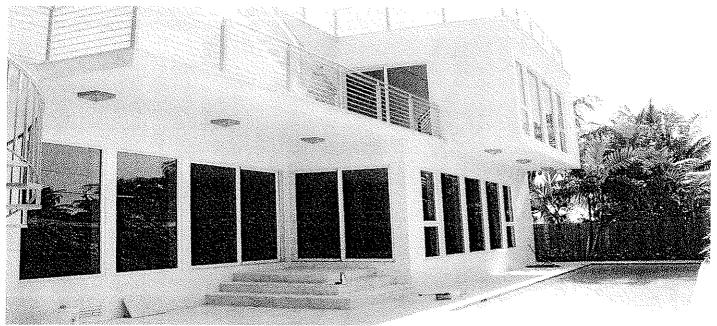
Building Photographs See Instructions for Item A6.

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 432 Warren Lane	Policy Number	
City Key Biscayne State FI ZIP Code 33149	Company NAIC Number	

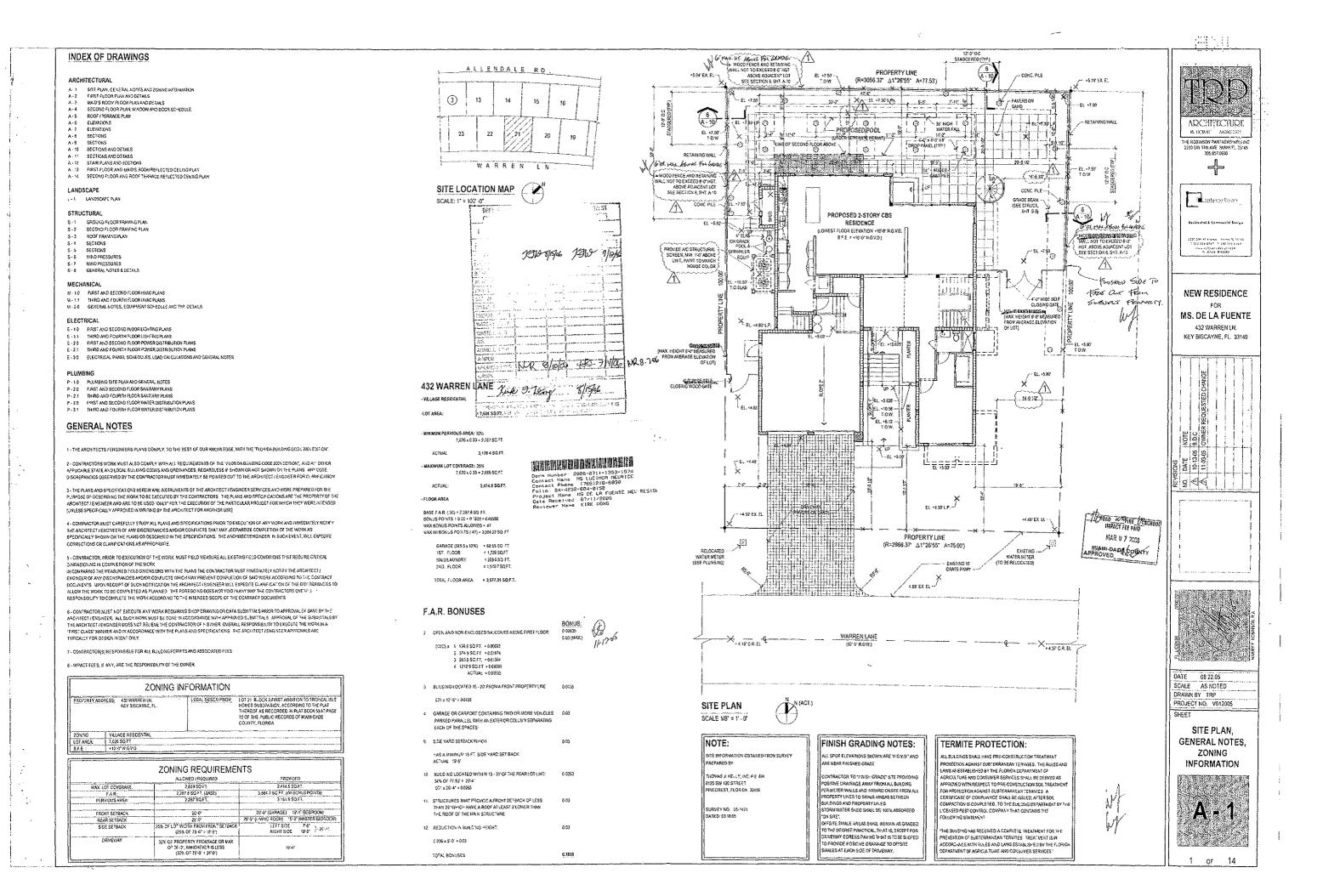
If using the Elevation Certificate to obtain NFIP flood insurance, affix at least two building photographs below according to the instructions for Item A6. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." If submitting more photographs than will fit on this page, use the Continuation Page, following.

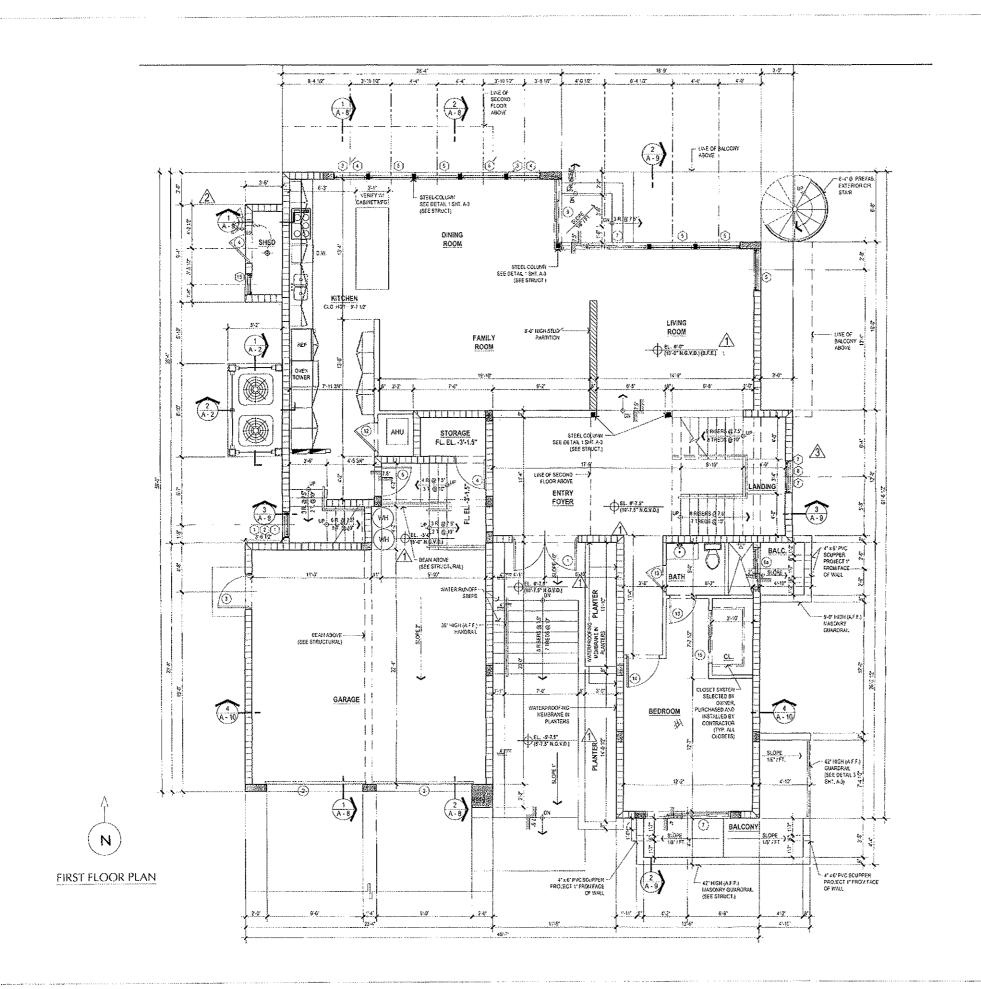


DATE: 11/09/07 FACING FRONT



DATE: 11/09/07 FACING REAR







DATE:

11/16/16

RS

SCALE: 1/4" = 1'-0"

DRAWN BY: CSN REVISED BY:

SHEET NO.

3 OF 5

Key Biscayne, Florida 33149 432 Warren Lane

ClearChoice:
Windows & Dooss.
12501 SW 134th Court.
Miami, Florida 293-7676
Tel: (786) 293-7676